



# SUPERVISING PSYCHIATRIC SOCIAL WORKER I, CORRECTIONAL FACILITY



California  
Department of Corrections  
and Rehabilitation

## TRAINING AND EXPERIENCE ASSESSMENT

### Read instructions carefully

This Training and Experience Assessment will provide you with an opportunity to demonstrate significant aspects of your qualifications for Supervising Psychiatric Social Worker I, Correctional Facility, with the California Department of Corrections and Rehabilitation (CDCR). The eligible list resulting from this examination process will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this Training and Experience Assessment that will allow you to select the location(s) and time bases for which you are interested in working.

This Training and Experience Assessment will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully.

Candidate's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

**\*\*\*In order to expedite the hiring process, your phone numbers are required\*\*\***

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cellular Phone Number: \_\_\_\_\_

License: \_\_\_\_\_  
Number Expiration Date State

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I certify that all the statements I have made in this application are true and correct.**

### **FILING INSTRUCTIONS:**

Please submit your completed Training and Experience Assessment, along with a standard State Application Form, STD. 678 as follows:

#### **By mail with:**

California Prison Health Care Services  
Selection Services Section  
P.O. Box 4038, Suite 350  
Sacramento, CA 95812-4038

**or**

#### **In person with:**

California Prison Health Care Services  
Selection Services Section  
501 J Street, Lobby Drop Box  
Sacramento, CA 95812

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Name: \_\_\_\_\_

**MINIMUM QUALIFICATIONS**

Each candidate must meet the minimum qualifications as of the date his/her Training and Experience Assessment is received. If not, the candidate's application in the examination process will be rejected and his/her Training and Experience Assessment will not be scored. Please ensure that your State application (STD. Form 678) clearly indicates your education, experience, and licensure information reflective of the minimum qualifications for this examination process as stated below:

Possession of a valid license as a Licensed Clinical Social Worker issued by the California Board of Behavioral Science Examiners. (Applicants who are in the process of securing their license from the California Board of Behavioral Science Examiners will be admitted to the examination, but must secure a valid license before they will be considered eligible for appointment.)

(Unlicensed individuals who are recruited from outside the State of California and who qualify for licensure may take the examination and may be appointed for a maximum of one year at which time licensure shall have been obtained or the employment shall be terminated. Additionally, they must take the licensure examination at the earliest possible date after the date of employment.)

**and**

Education: Completion of a master's degree program from an accredited school of social work, approved by the Council on Social Work Education or equivalent degree approved by the California Superintendent of Public Instruction under the provisions of California Education Code Section 94310.

**and**

Two years of post-licensed or post-certified experience as a clinical social worker meeting the supervisor requirements of Section 4980.40(f)(3) of the Business and Professions Code.

**and**

**Either I**

Two years of experience performing the duties of a Psychiatric Social Worker, Correctional Facility, in the California state service.

**Or II**

Experience: Four years of experience in psychiatric social work, at least one year of which must have been as a social work supervisor and at least two years of which must have been in a child guidance or psychiatric clinic, in a psychiatric outpatient program, in a psychiatric hospital, or in a psychiatric department of a hospital.

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**JOB REQUIREMENTS**

**The following are job requirements. Please indicate your willingness to comply with each job requirement listed.**  
(Please note, if you are unwilling or unable to comply with any of the following job requirements, you will be eliminated from further consideration in the examination process.)

1. Are you willing to work at correctional facilities and/or parole outpatient clinics in the Department of Corrections and Rehabilitation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you willing to treat inmates, youthful offenders, and parolees in a professional, ethical, and tactful manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you willing to provide professional and ethical mental health care to inmates, youthful offenders, and parolees including the mentally ill and developmentally disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you willing to work among inmates, youthful offenders, and parolees including some who may be mentally ill, developmentally disabled, potentially dangerous, or sex offenders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you willing to work with inmates, youthful offenders, and parolees who may be infected with contagious diseases such as Hepatitis C, HIV/AIDS, or tuberculosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are you willing to abide by and adhere to institutional/parole outpatient clinic safety and security policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are you willing to comply with tuberculosis screening requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are you willing to work around peace officers armed with chemical agents and/or weapons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are you willing to wear protective clothing and apparatus as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are you willing to abide by and adhere to the institutional/outpatient clinic dress code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Are you willing to complete on-going education specific to licensure, and required in-service training (IST)/on-the-job training (OJT)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Are you willing to work various and/or extended hours as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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**DEGREES/CERTIFICATES**

**Please indicate if you have any of the following degrees and/or certifications by marking the appropriate box.**

- ☐ 14. Associate of Arts/Bachelor of Arts degree in Psychology or Sociology
- ☐ 15. PhD in Social Work, Social Welfare, Social Service, or Social Policy
- ☐ 16. Substance Abuse Professional Certification
- ☐ 17. Certified Domestic Violence Counselor
- ☐ 18. Certified HIV Counselor
- ☐ 19. Professional Organization Membership (e.g. National Association of Social Workers, California Association of Social Workers, etc.)

## Name: \_\_\_\_\_

**Note to Applicant:** Please read carefully. Under “Work Experience,” for items #15-30, indicate:

**If you have performed this task within the last 24 months;  
AND**

How often you perform this task (e.g. select one box from "weekly"  
"monthly" or "annually" column)

Indicate the level of skill (No. of years) that you have in performing this task (e.g., select one box from the "level of skill"

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**Name:** \_\_\_\_\_

**Note to Applicant:** Please read carefully. Under “Work Experience,” for items #31-43, indicate:

Indicate the level of skill (No. of years) that you have in performing this task (e.g., select one box from the "level of skill"

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**CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY**

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED. If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers** and/or you do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, **once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

**TYPE OF APPOINTMENT YOU WILL ACCEPT**

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ **(D) Permanent Full-Time**      ☐ **(R) Permanent Part-Time**      ☐ **(K) Limited-Term Full-Time**      ☐ **(A) Any**

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

**NOTE:** California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ **(5) ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.**

☐ **7238 UPPER NORTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

<input type="checkbox"/> <b>0802 Pelican Bay State Prison</b> Crescent City, Del Norte County	<input type="checkbox"/> <b>1802 California Correctional Center</b> Susanville, Lassen County	<input type="checkbox"/> <b>1805 High Desert State Prison</b> Susanville, Lassen County
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☐ **7231 NORTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

<input type="checkbox"/> <b>0309 Mule Creek State Prison</b> Ione, Amador County	<input type="checkbox"/> <b>3417 Richard A. McGee Correctional Training Center,</b> Galt, Sacramento County	<input type="checkbox"/> <b>3902 DeWitt Nelson YCF</b> Stockton, San Joaquin County
<input type="checkbox"/> <b>3423 CSP, Sacramento</b> Represa, Sacramento County	<input type="checkbox"/> <b>3901 Deuel Vocational Institution</b> Tracy, San Joaquin County	<input type="checkbox"/> <b>3908 O.H. Close YCF</b> Stockton, San Joaquin County
<input type="checkbox"/> <b>4804 California Medical Facility</b> Vacaville, Solano County	<input type="checkbox"/> <b>4811 CSP, Solano</b> Vacaville, Solano County	<input type="checkbox"/> <b>3917 N.A. Chaderjian YCF</b> Stockton, San Joaquin County
<input type="checkbox"/> <b>2102 CSP, San Quentin</b> San Quentin, Marin County	<input type="checkbox"/> <b>5505 Sierra Conservation Center</b> Jamestown, Tuolumne County	<input type="checkbox"/> <b>3907 Northern California YCF</b> Stockton, San Joaquin County
<input type="checkbox"/> <b>3400 Headquarters</b> Sacramento, Sacramento County		<input type="checkbox"/> <b>0311 Pine Grove Youth</b> Pine Grove, Amador County
<input type="checkbox"/> <b>3404 Folsom State Prison</b> Represa, Sacramento County		<input type="checkbox"/> <b>0307 Preston YCF</b> Ione, Amador County

☐ **7232 CENTRAL REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

<input type="checkbox"/> <b>1015 Pleasant Valley State Prison</b> Coalinga, Fresno County	<input type="checkbox"/> <b>2003 Central California Women's Facility</b> Chowchilla, Madera County	<input type="checkbox"/> <b>4003 El Paso de Robles YCF</b> Paso Robles, San Luis Obispo County
<input type="checkbox"/> <b>1513 Wasco State Prison</b> <b>Reception Center,</b> Wasco, Kern County	<input type="checkbox"/> <b>2004 Valley State Prison for Women</b> Chowchilla, Madera County	
<input type="checkbox"/> <b>1514 North Kern State Prison</b> Delano, Kern County	<input type="checkbox"/> <b>2701 Correctional Training Facility</b> Soledad, Monterey County	
<input type="checkbox"/> <b>1522 Kern Valley State Prison</b> Delano, Kern County	<input type="checkbox"/> <b>2708 Salinas Valley State Prison</b> Soledad, Monterey County	
<input type="checkbox"/> <b>1605 Avenal State Prison</b> Avenal, Kings County	<input type="checkbox"/> <b>4005 California Men's Colony</b> San Luis Obispo, San Luis Obispo County	
<input type="checkbox"/> <b>1606 CSP, Corcoran</b> Corcoran, Kings County	<input type="checkbox"/> <b>1608 California Substance Abuse Treatment Facility,</b> Corcoran, Kings County	

☐ **7233 SOUTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

<input type="checkbox"/> <b>1307 Calipatria State Prison</b> Calipatria, Imperial County (North)	<input type="checkbox"/> <b>3313 Chuckawalla Valley State Prison</b> Blythe, Riverside County	<input type="checkbox"/> <b>3628 Heman G. Stark YCF</b> Chino, San Bernardino County
<input type="checkbox"/> <b>1308 Centinela State Prison</b> Imperial, Imperial County (South)	<input type="checkbox"/> <b>3329 Ironwood State Prison</b> Blythe, Riverside County	<input type="checkbox"/> <b>1967 Southern Youth Correctional Reception Center &amp; Clinic</b> Norwalk, Los Angeles County
<input type="checkbox"/> <b>1503 California Correctional Institution</b> Tehachapi, Kern County	<input type="checkbox"/> <b>3612 California Institution for Men</b> Chino, San Bernardino County	<input type="checkbox"/> <b>5610 Ventura YCF</b> Camarillo, Ventura County
<input type="checkbox"/> <b>1995 CSP, Los Angeles</b> Lancaster, Los Angeles County	<input type="checkbox"/> <b>3613 California Institution for Women</b> Corona, San Bernardino County	
<input type="checkbox"/> <b>3310 California Rehabilitation Center</b> Norco, Riverside County	<input type="checkbox"/> <b>3715 R. J. Donovan Correctional Facility</b> <b>at Rock Mountain</b> San Diego, San Diego County	

Please notify CPHCS promptly of any address changes or availability for employment at the following address:  
California Prison Health Care Services, Selection Services, P.O. Box 4038, Suite 350, Sacramento, CA 95812-4038

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**RECRUITMENT QUESTIONNAIRE**

These questions are not part of the examination but are for the hiring authority's information.

***HOW DID YOU HEAR ABOUT THE ASSOCIATE HEALTH PROGRAM ADVISER EXAMINATION?***

**1. Check the box that best describes how you found out about the Associate Health Program Adviser examination:**

- ☐ College Recruitment
- ☐ CDCR Employee/Relative
- ☐ CDCR Website
- ☐ CPHCS Website
- ☐ Job Fair/Career Event (California)
- ☐ Job Fair/Career Event (Out-side California)
- ☐ Advertisement in Magazine/Journal
- ☐ Mailer
- ☐ Newspaper
- ☐ Internet Search (Career Builder, Google, AOL, etc)
- ☐ State Personnel Board (SPB)

**2. Check the box that best describes your reason for selecting CDCR as your place of employment:**

- ☐ Competitive Salary
- ☐ Benefits
- ☐ Retirement
- ☐ Career Challenge
- ☐ Gain Experience in a Correctional Setting
- ☐ Flexible Shifts
- ☐ Opportunity
- ☐ All of the above